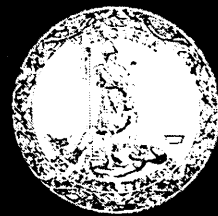


VIRGINIA BOARD OF DENTISTRY BULLETIN



Summer - 2000

Board of Dentistry

French, Nora M., DMD
President Gainesville
1st Term ends 6/30/00

Harris, Monroe E., Jr., DMD
Vice-President Richmond
1st Term ends 6/30/01

Link, Michael J., DDS
Secretary/Treasurer Newport News
1st Term ends 6/30/01

Hawkins, Carolyn B., RDH
1st Term ends 6/30/00
Newport News

Moore, French H., Jr., DDS
1st Term ends 6/30/00
Abingdon

Olenic, Stephany P., RDH
1st Term ends 6/30/00
Richmond

Pal, Gopal S., DDS
1st Term ends 6/30/03
Annandale

Taylor, Gary E., DDS
1st Term ends 6/30/00
Portsmouth

Underwood, Susan A.
Citizen Member Fairfax
1st Term ends 6/30/03

Wilson, Richard D., DDS
1st Term ends 6/30/02
Richmond

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Perio Guidelines Recommendations

The following are recommendations adopted by the Board of Dentistry at its April 28, 2000 meeting, to assist the general dentist in the application of periodontal diagnosis and treatment.

PLAQUE ASSOCIATED GINGIVITIS: Plaque associated gingivitis is defined as inflammation of the gingiva in the absence of clinical attachment loss. Gingivitis may be characterized by presence of any of the following clinical signs:

- Redness and edema of the gingival tissue
- Bleeding upon provocation
- Changes in contour and consistency
- Presence of calculus and/or plaque
- No radiographic evidence of crestal bone loss

ADULT PERIODONTITIS: Adult periodontitis is defined as inflammation of the gingiva and the adjacent attachment apparatus. The disease is characterized by loss of clinical attachment due to destruction of the periodontal ligament and loss of the adjacent supporting bone. Clinical features may include combinations of the following signs and symptoms:

- Edema
- Erythema
- Gingival bleeding upon probing and/or suppuration
- Slight or moderate destruction demonstrates a loss of up to 1/3 of the supporting periodontal tissues and is generally characterized by periodontal probing depths up to 6mm (with clinical attachment loss of up to 5mm)
- Radiographic evidence of bone loss
- Increased tooth mobility may be present

TREATMENT CONSIDERATIONS: Treatment plans for plaque associated gingivitis or adult periodontitis include patient education, customized oral hygiene instruction and debridement of tooth surfaces to remove supra/subgingival plaque and calculus.

Adult periodontitis may require additional treatment modalities including resective, regenerative procedures, occlusal therapies, selective extraction of teeth and various types of implant and prosthetic treatments.

Patients with mild inflammation of the marginal tissue, minimal calculus, little or no clinical evidence of attachment loss and insignificant probeable depths (3.0 mm) are not candidates for multiple visits of root planing/scaling.

BOARD MEETINGS

ARE YOU IN COMPLIANCE?

Pursuant to 18 VAC 60-20-180 (F) Advertising.

The following shall constitute false, deceptive or misleading advertising within the meaning of §54.1-2706(7) of the *Code of Virginia*:

1. Publishing an advertisement which contains a material misrepresentation or omission of facts;
2. Publishing an advertisement which contains a representation or implication that is likely to cause an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation or implication not deceptive;
3. Publishing an advertisement which fails to include the information and disclaimers required by this section;
4. Publishing an advertisement which contains a claim of professional superiority, claims to be a specialist, or uses any of the terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American Dental Association (Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October, 1995), or such guidelines or requirements as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board; and
5. A dentist not currently entitled to such specialty designation shall not represent that his practice is limited to providing services in a specialty area without clearly disclosing in the representation that he is a general dentist. A specialist who represents services in areas other than his specialty is considered to be practicing general dentistry.

September 14 & 15, 2000 Williamsburg, VA

BOARD STATISTICS

Dentists (active)	4518
Dentists (inactive)	413
Dental Hygienists (active)	2914
Dental Hygienists (inactive)	282
Dental Teacher part-time	6
Dental Hygiene Teacher	13
Dental Faculty	11
Dental Hygiene Restricted Volunteer Lic.	0
Dentist Restricted Volunteer Lic.	0



Welcome New Board Member! **Gopal S. Pal, DDS**

McLean resident Gopal S. Pal has more than three decades of dental practice and experience. He formerly served as a clinical instructor at Georgetown University and as a public health dentist for the Fairfax County Health Department. Dr. Pal earned his degree in dental surgery from the University of Calcutta and a Master of Science in pedodontics from the University of Iowa.

OFFICE STAFF REQUIRING NON-DENTAL HEPATITIS VACCINATIONS SHOULD BE REFERRED TO THE DEPARTMENT OF HEALTH OR A PRIVATE PHYSICIAN.

NAME AND ADDRESS CHANGE

By regulation within (30) days of relocation, dentists must provide the Board with a business street address and hygienists must provide a home or business address. Name changes must be accompanied by a court document or copy of marriage certificate

Mail Changes to:
Virginia Board of Dentistry
6606 W. Broad Street, 4th Floor
Richmond, Virginia 23230-1717